

Supplemental Application Data Sheet

Application Information

Application Type::	Regular
Subject Matter::	Utility
Suggested Classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R?::	None
Number of CD Disks::	
Number of Copies of CDs::	
Sequence Submission?::	
Computer Readable Form (CRF)?::	
Number of copies of CRF::	
Title::	UNIVERSAL LIGHT TRANSMISSION
Attorney Docket Number::	FUKUMOTO 6
Request for Early Publication?::	No
Request for Non-Publication?::	No
Suggested Drawing Figure::	
Total Drawing Sheets::	4
Small Entity?::	Yes
Latin Name::	
Variety Denomination Name::	
Petition Included::	No
Petition Type::	
Licensed US Govt. Agency::	
Contract or Grant Numbers::	
Secrecy Order in Parent Appl.?::	No

Applicant Information

Applicant Authority Type::	Inventor
Primary Citizenship Country::	Japan
Status::	Full Capacity
Given Name::	Toshihiro
Middle Name::	

Family Name:: FUKUMOTO
 Name Suffix::
 City of Residence:: Shinjuku-ku
 State or Province of Residence:: Tokyo
 Country of Residence:: Japan
 Street of Mailing Address:: 1-1-15-816 Kami-ochiai
 City of Mailing Address:: Shinjuku-ku
 State or Province of Mailing Address:: Tokyo
 Country of Mailing Address:: Japan
 Postal or Zip Code of Mailing Address:: 161-0034
 Applicant Authority Type:: Inventor
 Primary Citizenship Country:: Japan
 Status:: Full Capacity

Given Name:: Keiko
 Middle Name::
 Family Name:: EBATO
 Name Suffix::

City of Residence:: Shinjuku-ku
 State or Province of Residence:: Tokyo
 Country of Residence:: Japan
 Street of Mailing Address:: 1-14-14-201 Nishi-ochiai
 City of Mailing Address:: Shinjuku-ku
 State or Province of Mailing Address:: Tokyo
 Country of Mailing Address:: Japan
 Postal or Zip Code of Mailing Address:: 161-0031

Correspondence Information

Correspondence Customer Number:: 001444

Representative Information

Representative Customer Number:: 001444

Domestic Priority Information

Application:: Continuity Type:: Parent Parent Filing

Application:: Date::

This Application National Stage of

PCT/JP03/014396 11-12-03

Foreign Priority Information

Country:: Application Number:: Filing Date:: Priority Claimed::

Assignment Information

Assignee Name::

Street of Mailing Address::

City of Mailing Address::

State or Province of Mailing Address::

Country of Mailing Address::

Postal or Zip Code of Mailing Address::